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Re: Our Docket No. 62890 (71589)

U.S. Serial No. 10/067,488

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Please enter the attached power of attorney and statement under 37 CFR 3.73(b).

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PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Barry N. Gellman et al.
Application No./Patent No.: 10/067,488 Filed/Issue Date: February 4, 2002Entitled: RESISTANCE HEATED TISSUE MORCELLATION
Boston Scientific Scimed, Inc., a Corporation
(for example, Sole Agent) (Life Systems, Inc.) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012755,
Frame 0374, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jeff E. Mann
Signature
Jeff E. Mann
Printed or Typed Name
Assistant Secretary
Title

3/17/05
Date
508 | 652-5955
Telephone Number

01-092451

PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/067,488-Conf. #6275
	Filing Date	February 4, 2002
	First Named Inventor	Barry N. Gellman
	Art Unit	3731
	Examiner Name	V. Q. Bui
	Attorney Docket Number	62890(71589)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name **EDWARDS & ANGELL, LLP**
Robert J. TostiAddress **P.O. Box 55874**City **Boston**Country **US**State **MA**Zip **02205**Telephone **(617) 439-4444**Fax **(617) 439-4170**

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

JEFF Z. MANN

Date

Telephone

508/652-5955

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.